

Email:

WAIVER OF LIABILITY & RELEASE FORM Young Women LEAD Event

All Event Participants must have this form completed in order to participate in the Young Women LEAD Event.

In consideration for the participate Young Women LEAD Event at Jas Jasper, IN on March 11, 2026 ("Exlegal guardian of the above named lease, waive, and forever dischar Vincennes University Jasper Camrepresentatives, agents, officers, di Event's volunteers and sponsors (tactions, or causes of action of any including but not limited to all in participation in the Event or participation in the Event or participation in the reby further agr	sper Arts Center and Vincen vent"), I, the undersigned st Participant, together with myge Peer Exchange Network spus, Jasper Arts Center, a frectors, affiliates, members the "Released Parties"), from and every kind and charact juries, damages, or losses, pation in any associated activates.	nes University Jasper Campudent participant (if 18 or wheirs, executors, administration, LLC (a/k/a "SOAR"), Yound/or their respective paster, successors, assigns, and an and against any and all liter which they had, have, of which arise from or as a revities.	over) or the parent and/or rators, and assigns, hereby ung Women LEAD, Inc., and present employees, volunteers, as well as the hability, claims, demands, or may have in the future, result of the Participant's	
and all liability, claims, demands, a arise from or as a result of the Parti	actions, rights of action, loss	, damage, including attorne	ey's fees and costs, which	
	Photo and Written Ma	terial Release		
In further consideration for allow undersigned does hereby give the R likeness, persona, photograph, or ve her name, image, likeness, person commercial, trade, or any other law	eleased Parties permission to oice, in any media and/or tec na, photograph, or voice c	o capture and/or record the I chnology now known or late	Participant's name, image, er developed. Such use of	
ACCEPTED AND AGREED:				
Name of Participant:		Birth Da	Birth Date:	
Signature of Participant (if 18 or ov	/er):	Date:		
Street Address:	City:	State:	Zip:	
High School:		· · · · · · · · · · · · · · · · · · ·		
Email:				
Name of Parent/Legal Guardian (pr	rint name):			
Signature of Parent/Legal Guardian:				
Home Phone:	Work Phone:	Cell Phone:		